# SECTION III CLIENT CONSENT

### A. STANDARD

- 1. Informed consent must be obtained from each client receiving any clinical service. This would include pregnancy test only visits, emergency contraception visits, delayed exams, STD visits which are expanded to qualify clients for family planning, etc,
- 2. If the consent is read and/or translated to the client, there must be a signed statement by the interpreter that to the best of her/his knowledge, the client understood the content of the consent.

### **B. CONSENT FOR SERVICE**

- 1. At the time of admission to any clinical service, a signed informed consent must be obtained from the client for voluntary acceptance of services.
- 2. This form should be completed before the client is provided any clinical services, which may or may not include an exam.
- 3. This consent must contain a statement about the client's potential financial liability for services not covered by the program. This could include, but would not be limited to, non-Title X services such as colposcopy, HIV testing, Chlamydia screening for clients not at risk, as well as complications resulting from Title X-covered procedures, side effects from medications, etc.
- 4. The client should be given a copy of the consent and the original is kept in the chart.
- 5. This only needs to be obtained once, on the first visit.

## **C. METHOD CONSENT**

- 1. Since this must be "informed consent," it is imperative that the client receive education regarding (1) contraceptive alternatives; and (2) the safety, effectiveness, potential side effects and complications, and any problems/benefits concerning use of a contraceptive method.
  - a) The Family Planning brochure which describes all birth control methods is included in the new client packet and is available to returning clients as needed. When appropriate, or if indicated by client, staff will discuss all methods in detail. Information, however given, should include the following:
    - 1) Brief comparative description of all methods, including abstinence.
    - 2) How the method works.
    - 3) Correct usage.
    - 4) Effectiveness.
    - 5) Duration of effectiveness.
    - 6) Possible side effects and complications (medical indications and contraindications), as well as possible non-contraceptive benefits
    - 7) Comparative social and physical advantages and disadvantages.
    - 8) How to discontinue method.
  - b) While all methods may be covered at the initial visit, the majority of time should be spent

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on the method of choice.

- c) Staff providing client education should be knowledgeable, objective, non-judgmental, and sensitive to the rights and differences of clients as individuals.
- 2. The client must sign a method-specific consent form for any prescriptive method of contraception.
  - a) Staff will provide client with verbal detailed description of selected method, demonstrate how to use the method, and give client the appropriate, method-specific information sheet including instructions for use. Information should include the following:
    - 1) Risks and benefits.
    - 2) Instructions for use and discontinuation.
    - 3) Possible side effects, complications, and danger signs.
    - 4) Procedural instructions in case of emergency.
  - b) Staff distributes consent form to client, ensures that it is read, understood, and signed. Questions to ascertain understanding may be appropriate, particularly if there is any question as to reading level. The client is given one copy of the consent form and the original is put in the client's chart. Questions should be encouraged and answered at this time.
- 3. Staff advises client she/he may withdraw consent and change the method at any time. Staff discusses procedure for changing a method.
- 4. The appropriate informed consent does not need to be re-initialed each year, unless there is a change in health status. A new method-specific consent must be signed whenever a client initiates a new prescriptive method.

#### D. CONSENT FOR STERILIZATION PROCEDURE

(See sterilization booklet)

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The following is a sample of a Family Planning Consent Form. This form can be downloaded from the Women's Health Unit website at:

http://www.cdphe.state.co.us/pp/womens/FPNursingConsntsForms.html.

## **Family Planning Program Consent**

Name:		Patient ID #	Age
Agency/Clinic;_			
I,	, do	hereby give my consent to	the medical staff of the above named
agency/clinic to	examine, treat and counsel me.		
I understand and	l agree with the following:		
	initiate, continue or discontin	ue a contraceptive metho	clude routine family planning visits to od. Additional covered family planning of contraceptive methods and pregnancy
			with all forms of medical treatment and
	I understand that there is no	guarantee of payment by	insurance or by an aid program for any
	costs that the family planning program does not cover and for which I am responsible. I understand that I may be billed for non-Title X services including but not limited to: colposcopy, HIV testing, Chlamydia screening if not at risk, complications resulting from Title X-covered procedures, side effects, from medications, etc.		
	I agree to a physical exam, if or	ne is recommended.	¥
	I understand that my provider might recommend lab tests if indicated, some of which may be covered by the family planning program. My provider will discuss these with me.		
	I understand that all information	n about me will be kept in permission, except as requ some sexually transmitted	strictest confidence and will not be iired by law. This could include:
	> physical signs of domestic violence.  I understand that this agency may use a statewide database that makes my health information available to the state health department and other participating family planning programs in Colorado. The benefit to me is that I can change to another participating family planning clinic and that clinic can access the health information I have already shared.		
Female clients of	mly:		
	I agree to have a pelvic examin smear may not be recommende I understand that the test for car	d every year. ncer of the cervix (Pap sm is present but the test says	ear) is a screening test only and may s it is not) as well as false positives (cancer
	I understand the Pap smear may be done again.	not have enough informa	tion to make a diagnosis and may have to
	above information. It has been experson from the agency/clinic.	plained to me and I believe	e I understand it. My questions have been
Signature of clie	ent	Date	
The client receive	ved the above information and I b	elieve she or he understan	ds it.
Signature of Wi	tness	 Date	